

^{2. DATE} 9-20-07

3B. ANNUAL SUBSCRIPTION

PRICE \$ \$33 and \$39

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

3A. NO. OF ISSUES PUBLISHED ANNUALLY

The Hamlin County Republican

50

1. TITLE OF NEWSPAPER

3. FREQUENCY OF ISSUE

weekly

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE O		County, State and ZIP+4 Code)
(Not printers) PO Box 50, Castlewood, SD 5722	23	
5. COMPLETE MAILING ADDRESS OF THE HEADQUART	ERS OR GENERAL BUSINESS	OFFICES OF THE
PUBLISHER (Not printers) PO Box 50, Castlewood	, SD 57223	
6. FULL NAME OF PUBLISHER: Greg and LeeAnne Archer		
7. OWNER (If owned by a corporation, its name and address mu addresses of stockholders owning or holding 1 percent or more names and addresses of the individual owners must be given. I and address, as well as that of each individual must be given. FULL NAME	e of total amount of stock. If not of owned by a partnership or other	owned by a corporation, the
Greg and LeeAnne Archer PO Box 50,	Castlewood, SD 5722	23
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHE PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, No state. If more space is needed, list on back of this form.		
None	AVERAGE NO. COPIES	
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	650	650
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	80	80
2. Mail Subscription (Paid and or requested)	379	400
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	459	480
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	6	6
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	465	486
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	185	164
2. Return from News Agents	0	0
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	650	650
Statement must be signed by Publisher, Business Mana		ce of a Notary Public
I swear that the statements made by me are true,		,
(Signature)	Publisher (Title)	
State of South Dakota)	Sworn to before me this I day of Sight 2, 2007	
County of <u>Hamilon</u>)	Nota	ry Public Commission Expires November
(Seal)	My commission expires:	Language of the particular of the second of
Form: SOS REC 051 7/2004		